

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CRIMINAL JUSTICE

**POLICE TRAINING COMMISSION  
REQUEST FOR WAIVER OF TRAINING - OUT OF STATE**

(Please Print)

NAME _____	EMPLOYING AGENCY _____
SOCIAL SECURITY # _____	AGENCY ADDRESS _____
DATE OF BIRTH _____	_____
DATE OF APPOINTMENT _____	COUNTY _____
ACADEMY TO BE ENROLLED IN _____	AGENCY PHONE # _____
	AGENCY FAX # _____

**POSITION APPOINTED TO** (Please check one)

_____ MUNICIPAL POLICE OFFICER	_____ CAMPUS POLICE OFFICER
_____ COUNTY POLICE OFFICER	_____ CLASS 1 SPECIAL LAW ENFORCEMENT OFFICER
_____ SHERIFF'S OFFICER	_____ CLASS 2 SPECIAL LAW ENFORCEMENT OFFICER
_____ SHERIFF'S INVESTIGATOR	_____ OTHER _____
_____ COUNTY CORRECTIONS OFFICER	
_____ STATE CORRECTIONS OFFICER	

**PREVIOUS EMPLOYMENT HISTORY**

EMPLOYING AGENCY _____	DATES OF EMPLOYMENT _____
AGENCY ADDRESS _____	
OUT-OF-STATE SCHOOL ATTENDED _____	
MONTH AND YEAR OF GRADUATION _____	
SCHOOL ADDRESS _____	

Please include additional employment information on a separate sheet. Attach documentation concerning training received.

**REQUEST SUBMITTED BY**

Agency Chief (Please Print) _____	(Signature) _____	E-mail Address _____	Date _____
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<b>FOR PTC USE</b>	<b>TRAINING REQUIRED</b>		
_____ Agency Training	_____ CJS	_____ Firearms Qual	_____
_____ Law	_____ Shotgun	_____ MV Law	_____
_____ Arrest, S, S, E & Use of Force	_____ Nightfiring	_____ MV Acc. Resp.	_____
_____ Rifle	_____ Other _____		_____
Full Training Required _____	Medical Examination Required _____		
Agency Notified (Date) _____	Reviewer's Signature _____		